Written Comments by Scott Suhring Representing the Capital Area Behavioral Health Collaborative (CABHC)

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Harrisburg, PA
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My name is Scott Suhring and I am the CEO of the Capital Area Behavioral Health Collaborative (CABHC), a not-for-profit management company that was created by the County Commissioners of Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties in 1999. CABHC contracts with the Office of Mental Health and Substance Abuse Services to run the Medicaid HealthChoices Behavioral Health Program (HCBH) and the Community HealthChoices Program (CHC) for the 5 Counties. This is a full risk contract in which CABHC holds the risk. Medicaid members that are enrolled in HCBH or CHC receive their mental health and substance use services through our program. We have 300,000 covered lives in the five counties and provided over $310 million in Medicaid eligible and supplemental services to our members this past year. CABHC subcontracts with PerformCare to run the day-to-day operations as a Managed Care Organization (MCO).

I want to express my appreciation to Co-Chairs Dr. Dale Adair and Michael Humphreys, and the members of the Behavioral Health Commission for holding this meeting in Dauphin County. My comments are intended to offer some thoughts on how the Commission may formulate recommendations on the use of $100 million one-time funds to improve the adult BH services and supports.

Although Medicaid is by far the primary funder of BH services in Dauphin County, the care of the whole person cannot be achieved without the support of the other County run human service offices: Children and Youth, MH/Autism/DP, D&A SCA and the Office of Aging, along with the Criminal Justice system. We all engage with our citizens and the ability to integrate this support at the county level results in a responsive, efficient and accountable service system, which we have here in Dauphin County. If one of these offices cannot maintain the array of services due to funding shortfalls, this will impact all of the other services. So, considering the sustainability of core services is not just vital to the MH/Autism/DP Office to support the Dauphin County citizens that are in need of these services, it is also vital to the rest of the County's service system.

With this core understanding, one of the services that has been eroded over the years is safe, affordable housing that utilizes MH staff to offer supportive housing. The inability to have access to this critical resource and the supporting services impacts the hospital system, the Community Based Organizations, the efficacy of treatment and the overall health of the community. HCBH cannot fund this service and relies on our integrated system within Dauphin County to assure this can be available.

I currently chair a statewide committee that is looking at the Emergency Department (ED) Boarding issue of individuals who are in need of MH Inpatient psychiatric treatment that are boarding in the ED waiting for placement to occur. This is not solely about the availability of beds, but also includes the acuity of persons seeking MH IP services and the lack of access to alternative services. For almost the past 18 months I start out my morning with a report of our members who are boarding in an ED. When looking at the data, almost 41% of adults and 36% of children/adolescents never get placed and are discharged from the ED. Our Committee's task is 3-fold: develop a resource list of programs that can divert persons from going to the ED (BH Urgent Care, Crisis Stabilization Units, Clinical Mobile Crisis teams, etc.), identify treatment models that can be used in an ED so persons begin receiving assessment and treatment while in the ED (emPATH, Living Room models, brief therapy, peer support and telepsychiatry), work with OMHSAS and OMAP to expand services that the HCBH program can pay for in an ED (Change Place of Service codes to be added to our allowed payments). The work on enhancing the crisis response and timely access to receive urgent care will greatly reduce the ED Boarding issue for hospitals, but more importantly will reduce the trauma persons experience while boarding in an ED.

As others have commented and have noted in almost every venue, the staffing shortage is impacting the MH system. Psychiatric units/wings are closed, wait lists for services grow, and our citizens need for MH treatment grows. Failure to provide any funds to cover the COLA in Dauphin County's MH base funding over 13 consecutive years prohibits the County to increase the contract pay to providers giving them the ability to raise staff pay let alone keep up with the cost of benefits. This past year, my Board of Directors approved the use of $43 million, distributed to providers to be used for recruitment and retention of staff. Unlike ARP and other federal funds, there is no time limit to the use of these funds. Providers were encouraged to leverage other funds and have a longer-term plan, including increasing the pay of the direct care workers. Although one-time funds are helpful, we have also been consistently raising reimbursement rates so that providers can become more competitive in the employment market. Recent discussion regarding the competitiveness of our reimbursement rates with our outpatient providers revealed that the rates we pay are equal to and in some cases higher than what private insurance pays. We are considering another funding distribution at the end of this year to further this assistance. But we can only provide this to service providers in our network and not those providers or services that we do not fund.

Another service area that is in need of development, enhancement and capacity building is the elder population's need for MH and Substance Use Disorder treatment. For too long, our aging citizens are written off as becoming senile and are viewed as not treatable. We know this is far from the truth and we need to address this. Whether in need of long term supports in the community or services in a nursing care facility (NCF), we must do a better job of diagnosing and treating this population, including dementia. Efforts to partner with our local nursing care facilities is occurring, but has a long way to go. We feel that offering mobile assessment into the NCF, enhancing telepsych/telehealth, providing consultation by experts in the field to the NCF and providing training to staff on how to engage with their residents will support improvements to this under addressed need.

I would be remiss if I did not offer this final thought as you consider how to best use these funds. Similar to your task, at the end of each contract year, if we have unspent

administrative and/or treatment funds, we are able to develop a reinvestment plan for OMHSAS's review and approval (note: we cannot retain any profit per the terms of our contract). When discussing ideas on how to use these funds to enhance and support our program, we always must address one question: If the funds are to be used to start up or expand a service, what funds will be available to sustain the service once the one-time funds are depleted? If this question cannot be answered to everyone's satisfaction, we will not include the service in our reinvestment plan. Since the funds assigned to your task are also one time funding, this question should be asked as you consider recommendations.

I want to again thank the Chairs and the Commission members for this opportunity to address some of the MH needs and root causes realized in Dauphin County.